

NEW STUDENTS APPLICATION (Advanced Diploma, Degree)

PERSONAL INFORMATION

Family Name	First		Mido	lle
Date of Birth	Place of Birth		e-mail	
Mobile Phone		Home Phone		
Address				
Street No	Cell		Sector	
District:		City	Cc	ountry
Gender Marital	Spol	use Name		Number of Children
Father's Name	Mother'sName	Mot	her Tongue	Religion
EMPLOYMENT				
			Mobile Pho	
Address of your employer			Mobile Pho	one
HEALTH STATUS	Excellent	Good	🗌 Pool	
	roblems or chronic disease	<i>??</i>		
If yes, which ones(s)?				
SELECT PROGRAMS				
Choose the Major course	you would like to pursue ir	ו the following F	aculties	
College of Engineerir	ng			
Mechatronics Engin	eering Aviation	Maintenance	Computer	Engineering
College of Education				
Music Education Education				
2 KG2	8AV., KIMIHURURA, GASABO,	, KIGALI, RWANDA	A PO BOX 5561	

EDUCATIONAL BACKGROUND

Secondary School Attended

#	Name of Secondary School	Year Begun	Year of Completion
1			
2			

Subject Combination

Science:		PCB	□ МСВ	☐ MPG				PEM
Humanities:	🗌 MEG	🗌 HEG	EFK	EKK	🗌 HEL	HGL	🗌 LEG	

Higher Learning Institutions Attended

#	Name of School	Year Begun	Year of Completion
1			
2			

FINANCIAL INFORMATION

Who will pay for your school tuition fee?	Mobile Phone
Address/ Contact of your Sponsor	
(Attach a letter of guarantee for payment	of school fees to the university)

RECOMMEND

Name and addresses of two recommender who academically know you, one of whom should be either the Headmaster of Institution or his senior coordinator in charge of courses or discipline.

1. Name	Mobile Phone
Address	
2. Name	Mobile Phone
Address	

STATEMENT

I hereby declare that the above information given is true and complete. I am informed on the right of UAUR to refuse my application or cancel my registration any time the information given is proven to be wrong.

I promise to undertake the academic regulations included in Student Handbook and UAUR Bulletin.

Name of App	olicant	
Signature		Date